

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/889723

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		3		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		/		/		
14		/		/		
15		/		/		
16		1		/		
17		2		/		
18		1		/		
19		1		/		
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	25		22			
TOTAL CLAIMS	26		23			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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